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Atty. Dkt. No. 071949-5407

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Buechler, et al.
Title: DIAGNOSTIC MARKERS OF
STROKE AND CEREBRAL
INJURY AND METHODS OF
USE THEREOF
Appl. No.: 10/673,077
Filing Date: 9/26/2003
Examiner: Lisa V. Cook
Art Unit: 1641
Conf. No.: 7483

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| <p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p><u>Vanessa E. Agha</u> (Printed Name)</p> <p><u>Vanessa E. Agha</u> (Signature)</p> <p><u>November 1, 2006</u> (Date of Deposit)</p> |
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AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Response to Office Action (20 pages).
- [X] Declaration of Dr. Kenneth F. Buechler (4 pages).
- [X] Declaration and Power of Attorney (7 pages).
- [X] Statement in Support of Filing and Submission in Accordance with 37 C.F.R. §§ 1.821-1.825 (1 page)
- [X] Paper Copy of Sequence Listing (3 pages).

☒ Computer Readable Format of Sequence Listing (1 disk)

☒ Information Disclosure Statement (3 pages).

☒ PTO SB/08 Form (1 page).

☒ Reference A1.

☒ Credit Card Payment Form.

☒ Return Postcard.

☒ The fee required for additional claims is calculated below:

| | Claims As Amended | Previously Paid For | Extra Claims Present | | Rate | | Additional Claims Fee |
|--|-------------------------|------------------------|----------------------------|---|----------|----------|--------------------------|
| Total Claims: | 24 | - | = | 0 | x | \$50.00 | = \$0.00 |
| Independent Claims: | | | = | 0 | x | \$200.00 | = \$0.00 |
| First presentation of any Multiple Dependent Claims: | | | | + | \$360.00 | | = \$0.00 |
| CLAIMS FEE TOTAL | | | | | | | = \$0.00 |

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | | |
|---|---|------------|----------|
| <input type="checkbox"/> | Extension for response filed within the first month: | \$120.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the second month: | \$450.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the third month: | \$1,020.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fourth month: | \$1,590.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fifth month: | \$2,160.00 | \$0.00 |
| EXTENSION FEE TOTAL: | | | \$0.00 |
| <input type="checkbox"/> | Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): | \$130.00 | \$0.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL: | | | \$0.00 |
| <input type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| <input checked="" type="checkbox"/> | IDS Fee in Accordance with 37 C.F.R. § 1.17(p): | | \$180.00 |
| TOTAL FEE: | | | \$180.00 |

A credit card payment form in the amount of \$180.00 is enclosed.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11/01/2006

By Barry Wilson

FOLEY & LARDNER LLP
Customer Number: 30542
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Richard Warburg, Reg. No. 32,327
By Barry S. Wilson, Reg. No. 39,431
Attorney for Applicant